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RETHINKING HUMAN SERVICES FOR LATINOS IN THE PLAINS: NEW PARADIGMS AND RECOMMENDATIONS FOR PRACTICE

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ABSTRACT—In this paper we provide human service professionals with a foundation for understanding the cultural and programmatic issues necessary for effectively addressing the needs of Latinos within a context of demographic transition and decreases in public support for educational attainment, physical and mental health, and occupational success. A long tradition of deficit thinking has shaped many of the current models employed when addressing the needs of Latinos. The authors suggest “community/culturally centered” or “strengths-based” approaches, such as community based organizations (CBOs), as promising alternatives to current practices. Coalitions among CBOs can be the most effective method in creating and sustaining reform of community-based services. These coalitions can better serve Latinos by expanding human service providers’ cultural awareness and redefining risk and protective factors according to the framework of the Latino communities they serve.

Introduction

Current demographic trends indicate tremendous growth in various portions of the United States population. In no group is this expansion more evident than with Latinos. Conservative estimates indicate that the Latino population has increased over 50% in the last decade and currently comprises about 11% of the US population (about 30.2 million) (US Bureau of the Census 1998). This compares with a 9% increase for the total population (Chapa and Valencia 1993). By the year 2010, Latinos are estimated to become the largest minority group in the United States (Chapa and Valencia 1993; Hayes-Bautista and Chapa 1987). Approximately one quarter of the Latino population live in the Great Plains states (US Bureau of the Census 1996). In New Mexico and Texas, Latinos make up 40% and 29% of the total population, respectively. The tremendous growth and cultural diversity of Latinos has profound implications for the delivery of human services, both in agency structures and clinical practice. Current social and policy trends such as welfare reform, the rollback of affirmative action, deteriorating schools, and anti-immigrant sentiment create additional challenges for Latinos.

The purpose of this paper is twofold. First, we seek to provide human service agencies with the necessary foundation for understanding the relevant cultural and programmatic issues for effectively addressing the needs of Latinos within this context of transition. Second, we suggest “community/culturally centered” and “strengths-based” approaches as promising alternatives meeting the needs of Latinos.

Understanding Latinos: Laying the Foundation

History and Origin

Latinos are often treated as a homogeneous group; however, there is tremendous variability. The term “Latino” is itself a pan-ethnic term. It refers to any individual of Latin American origin or descent (Hayes-Bautista and Chapa 1987). Included under this label are descendents of people from Mexico, Puerto Rico, Cuba, the Dominican Republic and Central and South America. Currently, Mexican Americans make up the largest portion of the Latino population (65%), with Puerto Ricans comprising 10%, and Cubans making up 4%. All other groups (Central American, South American, and others) combined make up the remaining 21% (US Bureau of the Census

1998). An in-depth historical account of each of the groups is beyond the scope of this paper; however, it is important to note that each Latino group in the United States has its own historical context. For example, although Mexican Americans and Puerto Ricans have often immigrated for economic reasons, Cubans tend to immigrate for political reasons. These historical differences can offer important insight and provide a useful backdrop for many of the issues currently facing Latinos.

Acculturation and Language

Latinos vary greatly not only in their country of origin but in their level of acculturation as well. A Latino's acculturation level indicates the extent to which he or she has acquired the values and behaviors of the US cultural mainstream. Latinos range from immigrants and children of immigrants, who tend to hold many of the traditional cultural values and be predominant Spanish-speaking, to Latinos who were born in the United States and are more likely to be bilingual or predominantly English-speaking and share many mainstream values.

However, it should be noted that although more acculturated Latinos are "more like" their non-Hispanic white counterparts, they still differ significantly in their beliefs and orientation toward family and children (Gutierrez et al. 1988; Sabogal et al. 1987). Acculturation has been linked to marital relations, family composition, mental health, alcohol and drug use, social attitudes, and health behaviors among Latinos (Marín and Marín 1991; Ramírez and Arce 1981; Szapocznik and Hernandez 1988). Thus, effective treatment and services designed to meet the needs of non-Hispanic white Americans may differ from those programs designed for more acculturated Latinos, which may in turn still not be appropriate for a less acculturated Latino clientele.

Educational and Socioeconomic Conditions

Although Latinos have made recent gains in educational attainment, they still remain one of the least educated portions of the population within the United States. Only one out of two Latinos completes high school (based on surveys of those 25 years of age or older). This compares to an 80% high school completion rate for non-Latinos (US Bureau of the Census 1998). Latino women and men have lower median earnings, (\$9,861 and \$14,047, respectively) as compared to their non-Latino counterparts (\$11,885 and

\$22,081). Latinos suffer from high rates of unemployment (8% as compared to 2.9% to 5.7% for non-Latinos). Twenty-six percent of all Latinos live below the poverty line, compared with 11.6% for non-Latinos. In addition, more than one out of every three Latino children (under the age of 18) live in poverty (Chapa and Valencia 1993; US Bureau of the Census 1995). Yet despite their low education and income levels and high unemployment rates, Latinos have higher participation in the labor force (80%) than do non-Latinos (74%) and are twice as likely to live in traditional family structures as compared to poor African Americans or non-Hispanic whites (Chapa and Valencia 1993).

From Deficits to Strengths: Treating Latino Children through Family Strengths-Based Efforts

To address the needs of the Latino community, human service organizations must be prepared to reexamine their program models, outreach, and delivery systems. One of the most formidable challenges in redirecting the field toward new forms and methods of service delivery is a long tradition of deficit thinking that has shaped many current models.

Valencia (1998) argues that this deficit thinking, with its origins dating back to the 1920s, sought to explain and justify the life circumstances of Latinos by blaming Latino children and families for their social and economic woes. Historically, deficit-based services for Latinos have been primarily focused on addressing variables that place them "at risk" for social and mental health problems. These types of programs have ignored the role of culture and families' potential strengths, and as a result, many have been ineffective.

The deficit model of treatment also assumes that Latinos bring to their environments a cultural capital that is impoverished and antithetical to healthy development (Hernandez 1993). Embedded in this assumption is the idea that poor Latino parents use ineffective teaching strategies, do not care about their children's future, and generally do not foster their children's academic and social development (McGowan and Johnson 1984; Moreno 1991; for summary see Walker 1987). In addition, deficit-modeled programs are typically individually centered, overlooking the important contributions of Latino families and communities in socializing children and impacting their self-esteem and coping skills.

At the center of a new paradigm lies the movement from highlighting deficits and treating risk to building on strengths and promoting resilience

via an attempt to reduce identified risk factors while simultaneously increasing culturally relevant protective factors. Jessor (1993) has pointed out that service providers are finally considering the enhancement of personal and environmental protective factors as the key to building resistance to and overcoming social and psychological problems among high-risk families and children. In fact, the enhancement of protective factors by rebuilding family social capital, drawing on cultural strengths, and recreating supportive networks may hold the greatest promise for constructing effective prevention and intervention strategies (Comer 1988).

An integration of ideas from a wide array of fields has led to the emergence of a new paradigm for services, with old roots, which places at the forefront the interconnections between the client's resources and those of the many worlds in which they live (Bronfenbrenner 1979). A central focus of this model is the conscious effort to not just examine the perceived dysfunction of an individual, but to recognize and build upon the individual and contextual strengths that can be used in the delivery of helpful services. This approach has been referred to via a set of interconnected concepts including a *Community/Culturally Centered model*, *Family Centered approach* or *Strength-Based model* (Gerstein & Green 1993; Hernandez & Lucero 1996).

Reconceptualizing Risk and Protective Factors for Latinos

In a strength-based model, risk factors are not ignored, but are assessed in conjunction with protective mechanisms that can be enhanced for intervention. In prevention work, the goal becomes to target specific early risk factors such as family disruption, mental health problems, negative peer influences, school failure, and favorable attitudes toward the use of alcohol, drugs and violence. The presence of these conditions is highly predictive of the need for intense services. But rather than limiting treatment to reducing risk factors, this model identifies and builds upon existing individual, familial, and community resources that can protect individuals from the effects of current and future risk. These protective factors are personal or environmental resources that mitigate the effect of stress and assist individuals in developing effective coping strategies (Hernandez 1993). However, no particular characteristics are always a risk or protective factor. To be effective, strength-based models must carefully assess each case in the context it occurs. For example, although family isolation puts children at risk for child abuse and neglect, for Latinos living in violent and

drug-ridden housing projects, family isolation also serves to protect children from drug-use, violence and negative peer-influences (Anderson 1994; Sampson & Laub 1990).

To thoroughly assess each of the relevant risk and protective factors in a given situation, an inventory must be taken at the individual, familial, and community levels. The individual level is typically the focus of most assessments. These include the most direct risks such as mental health problems, and drug and alcohol use, among others. Resources include sufficient personal income, education, and physical health. Similarly, at the familial level, risk factors include the use of alcohol or drugs, violence, and family disruptions; however, the assessment is not limited to the "target person" and includes the entire family unit. Resources include familial commitment to address the problem issues, communication among family members, and financial resources. At the community level risks are manifested through such conditions as high levels of crime, abandoned and dilapidated housing, and youth violence. Community resources include the presence of competent community agencies, the presence of social networks, and adequate transportation and housing facilities (Hernandez 1993). A detailed inventory at each level often uncovers resources that were not immediately apparent. A strengths-based approach encourages each Latino family to take part in identifying and reducing their own risk factors with specific strategies that tap into available resources (e.g., cultural values, extended families, and churches).

Social Capital

One of the most important components of this approach is the building of social capital. Building social capital involves helping families to discuss and reshape their communication and coping strategies to recreate positive family and community environments. Social capital represents the time and energy that adults have to invest in each other and community institutions such as schools, congregations, community groups, worker associations, and so forth (Dickerson 1991; Guydish and Sanstad 1992; Lee 1991; McGraw 1992). Some of the most successful efforts at assisting Latinos tend to be comprehensive and bring together a coherent package of services that address all dimensions of development, including emotional, academic, recreational, and vocational (National Research Council 1993). This approach helps the individual or family build protective environments by jointly engaging multiple individuals or families and their children in the

process of learning healthy lifestyles and creating social capital. It draws on Latino communities that have historically relied on the extended-family structure and strong traditional religious and community values as the main source of support and assistance with childrearing and family problem solving. These strong community networks among Latinos encourage its members to view children and adults as members of a larger community family. Effective strengths-based or culturally centered models broaden family connections and promote the well-being of parents. The result of such efforts can be important to the positive development of a child (Cochran 1990; Kagan et al. 1987; Weiss 1987).

Accessibility and Utilization

Contrary to previous reports, current studies indicate an underutilization of public health facilities by Latinos (Bui and Takeuchi 1992; López 1981; Sue et al. 1991). Although the reason for this underutilization is under debate, accessibility, or the lack of it, seems to be a major contributing factor (Bui and Takeuchi 1992; Sue et al. 1991). Three major issues central to this debate revolve around geographic, financial, and linguistic accessibility.

Despite the high presence of Latinos in urban areas, human service programs are often not readily accessible (Chapa and Valencia 1993). Service centers are often not located in the communities where Latinos reside nor are they readily accessible by public transportation, often the primary mode of transportation used by many Latinos (Delgado and Scott 1981; Facundo 1991; Gutiérrez, 1992; Muñoz 1982; Padilla 1981; Soriano 1991). Simply put, human service providers must provide services in the areas where Latinos live if they are to adequately address community needs.

Even when programs are geographically accessible, financial costs can present a substantial barrier to obtaining services (Delgado and Scott 1981; Facundo 1991; Gutiérrez 1992; Muñoz 1982; Padilla 1981; Soriano 1991). While the need for human services is high, limited resources often prevent Latinos from seeking the help that they need. While some agencies have used the popular sliding-fee scale, others have attempted to use a lower-cost preventative education strategy to address the needs of the community (Padilla 1981; Rosado and Elias 1993).

Finally, one of the greatest problems in providing accessible services for Latinos is lingual accessibility. All too often human service programs fall into a type of "catch-22." They have no Spanish-language services or

materials because they have few Spanish-speaking clients, however they have few Spanish-speaking clients because they have no Spanish-language services or materials. This situation often arises when human service organizations do not keep pace with the rapidly changing communities that they service. Low demand for services by Spanish-speaking members of the community is misinterpreted as a lack of need by the human service providers. As a result, human service organizations do not provide the necessary bilingual personnel to adequately service the community (Curtis 1990; Muñoz 1982).

Ensuring access to and utilization of services for Latinos requires careful planning beyond bilingual services. Human service providers cannot assume that service models created for non-Hispanic whites or other minority groups are appropriate for Latinos. Alternative culturally consistent approaches should be explored. Often programs must be delivered in less traditional ways, which are often in the form of support groups rather than classroom-like settings (Small 1990). Hernandez and Lucero (1996) have articulated eight defining tasks for prevention and intervention service programs attempting to build on the strengths of Latino families. These tasks have been used as the basis for several other successful urban-based programs over the last few years and are worth repeating here:

1. Utilize existing community relationships, networks, and leadership for outreach and recruitment;
2. Let children, families, and communities participate in identifying their *own* priorities and goals;
3. Help build trusting relationships between family members and other families by encouraging them to support and learn from one another;
4. Teach parents and other community members to be "prevention minded";
5. Help children, parents, families, and communities implement new skills and focus on "doable" target behaviors;
6. Teach parents and other community members to organize and build supportive relationships with groups and individuals who have the resources and willingness to help them achieve their goals;
7. Train as *many* community-based prevention specialists, parent organizers, and peer counselors as possible in such skills as outreach and recruitment, evaluation and assessment of clients

for various programs, service delivery, and community resource development;

8. Encourage greater independent action of children and families early to avoid dependence on the program.

Cultural Awareness

As human service organizations move to be more inclusive in their delivery of services, they must understand their own cultural values and belief systems and how those affect practice. For example, while most cultures exhibit competitiveness, individuality, and independence to some extent, they are core values held by the dominant culture of the United States and thus influence the definition of healthy functioning and expectations for treatment. Although the application of these values may be appropriate with non-Hispanic white families, their application to Latino clients may contradict traditional Latino cultural values such as collectivism and familialism and therefore may damage the trust or therapeutic relationship.

As mentioned previously, the helping professions in general have treated many Latino cultural characteristics as dysfunctional. Extended family and neighborhood networks (*comunidad*) and the interdependence among family members (*familialism*), for instance, have often been interpreted by human service practitioners as overdependence that impedes the development of self-identity and independence. As a result, Latino group membership, in and of itself, has become conceptualized as a risk factor. Other values such as allocentrism, “associated with a preference for interpersonal ingroups that are nurturing, empathetic, loving, intimate, respectful, and willing to sacrifice for the group,” or *simpatia*, a cultural norm that emphasizes the need for promoting and maintaining pleasant and harmonious interpersonal relationships, also complicate treatment for the naïve practitioner (Marín and Marín 1991).

Ironically, researchers and practitioners now realize that many of these same characteristics actually buffer Latinos against the deleterious effects of discrimination, prejudice, and economic difficulties (Briones et al. 1990). Moreover, the maintenance of a strong ethnic identity may support a variety of adaptations that have a positive impact on educational outcomes for Latino youth. Ogbu and Matute-Bianchi (1986) identified a subgroup of successful Mexican American students who call themselves “Mexicanos” and maintain many values of their culture of origin, particularly the desire to achieve in school. Gonzales and Kim (1997) further note:

Protective mechanisms resulting from cultural influences may have evolved for some groups in response to cumulative indignities endured as minorities, or may stem from traditional cultural values that are maintained even as ethnic individuals acculturate to the dominant culture.

Traditional family therapy activities with Latinos might be better suited and more effective as extended-family or multifamily groups. In this way, more appropriate nonnuclear family structures are recognized, and family members learn from one another and test out and utilize new skills and knowledge within and outside sessions. Group sessions involving a *conocimiento* ("getting to know you") period might be perceived by a counselor as resistance or disinterest in the formal therapeutic process but may be essential for Latino clients seeking a personal connection to others. The role of children in group sessions must also be carefully discussed with caregivers. In many Latino subcultures, it is inappropriate for children to express negative feelings about parents in front of nonfamily members. Therapists unfamiliar with Latino cultures might encourage this and cause unnecessary family conflict and the discontinuation of treatment. Most of these misconceptions and misunderstandings can be avoided through the overt discussion and explanation of therapeutic expectations between the client and the professional. Delineation of timelines, goals, and so on for therapy should be discussed and negotiated with the client in order to prevent frustration of either party (Muñoz 1982; Rosado and Elias 1993).

In short, practitioners must evaluate their own abilities and acknowledge shortcomings with regard to multicultural counseling skills in order to determine if further skills and knowledge are required. The ability to acquire new skills and knowledge with which to serve clients, to obtain assistance from a bilingual professional, or to refer clients to a bilingual or bicultural professional who is more capable to serve a particular client is key to developing good multicultural practice skills. It should be noted that while these various perspectives on Latino culture have improved the quality of services, Latinos continue to suffer from a greater likelihood of misdiagnoses and inadequate services (Flaskerud and Hu 1992; Roll et al. 1981).

Advocacy and Outreach

Another significant problem in most service delivery to "at-risk" populations continues to be clients' absenteeism and participation. Traditional

methods such as advertising in the phonebook, sending letters to the target audience and public service announcements are not effective. So the problem must be responded to with nontraditional forms of intensive outreach by highly skilled staff (Quint et al. 1991).

Using a proactive strengths-based model of services delivery, human service agencies can provide effective services by going into the community rather than waiting for clients to seek services. Agencies can create educational and training opportunities, develop clinical outreach into the community, and facilitate connections with other community agencies on behalf of clients and the community itself (Delgado and Scott 1981; Muñoz 1982). Once relationships are established, practitioners must take special efforts to follow up regularly with clients and develop other specific techniques to maintain strong participation. Other suggestions for increasing agency visibility and services to Latino communities include assisting in the development of natural helping resources within the community, such as self-help groups, outreach teams, or groups of more acculturated families organized into associations to assist the less acculturated in the community (Gutiérrez 1992).

Structural Change

The support and promotion of the Latino professional within the agency is among the most important of priorities when considering organizational change in agencies serving large Latino populations. In order to fill the tremendous need for bilingual and bicultural staff, there will have to be an increased number of Latino professionals trained and promoted within human service agencies. Agencies cannot empower clients if their staff is disempowered. This is a crucial issue for agencies, who must not only allow but encourage professionals to contribute their voices to the administration and education of other professionals and the agencies for whom they work (Gutiérrez 1992).

Romo and Falbo (1996) have emphasized that Latino culture and language are not barriers to effective services unless the specific policies and practices of institutions make them so. Latino families often do have the motivation to obtain help and improve their lives, but they frequently lack the specific information, skills, and/or resources to secure the assistance they need (Lewis and Henderson 1997). Unfortunately, it is often the case that practitioners are not filling the gap (Shaper Walters 1998). Recruiting and involving Latino practitioners and families in restructuring processes

can go a long way in mobilizing the interest, concern, and effort of community members.

A New Approach for Servicing Latinos: Building Community Coalitions for Lasting Change

Large institutions like social service and mental health agencies are often very resistant to change. They often tend to be top heavy, segmented, territorial, compartmentalized, bureaucratic, and lacking in strong traditions of engaging poor and minority parents and the broader community in restructuring efforts (Schoor 1997). Even those organizations interested and committed to transformation do not always have the capacity, energy, or support of the broader public to realize crucial reforms. These institutions are sometimes even adversaries to the needs of poor and minority families (Annenberg Foundation 1998).

Coalitions among community-based organizations (CBOs) and agencies committed to Latino services can be powerful forces in stimulating states, municipalities, and other institutions like schools to become equal partners in the formation of long-term strategies designed to enhance the opportunities and prospects of disadvantaged families. Below are several points for agencies and CBOs to consider in forming coalitions to catalyze, guide, and enhance efforts to improve human services for Latinos.

In coalitions, partners agree to act together for a particular purpose. The purpose of coalitions is not only for groups to do things together that they cannot do alone but to build trust and strengthen a relationship that builds social capital and intergenerational closure. Coalitions are constituencies (not simply individuals) that agree to work together with a common agenda. They also strive to strengthen bonds between groups that may see themselves as different and to revitalize the participating organizations. A coalition is often an organization of organizations that is created through much debate and discussion. Community coalitions are made up of partners that have a self-interest in the goals that each organization hopes to accomplish. Broad coalition efforts tend to look for partners that are diverse, with various political views and community representation.

Community coalitions may formalize their new culture by creating a criterion for membership and specifying a clear (specific) agenda. The groups should establish clear goals describing the purpose of the coalition. After goals have been clearly articulated, guidelines should be created that support democracy and fairness, in addition to a list of divisive issues that should be avoided.

The Role of Community Coalitions in Creating and Sustaining Reform of Community-Based Services

Shirley (1997) points out that community members alone have not been very successful, for the most part, in sustaining local projects, programs, or campaigns for reform in urban areas. Latino parents, for example, typically do not have the support, power, or technical “know-how” necessary to bring about lasting and significant change in their schools or community services (Lewis and Henderson 1997). Yet an independent CBO, lead agency, or community network that is supported by a larger state or national organization is often enough to develop the capacity and will of parents and other community partners to promote long-term restructuring in a local community.

When CBOs and agencies act with the notion of seeking to liberate the imagination, passion, creativity, dreams, and energy of parents and other interested parties, while building their capacity through strong mentorship, the chances of lasting change rise dramatically (Cortes 1997). In fact, it seems that a basic premise of grassroots change is that those affected by a problem must be part of a solution (Negrete 1994). So when Latino parent development and involvement is a central focus of the CBO or agency involved in a coalition, from the planning phase to implementation, organizations create the greatest potential for the creation of sustainable efforts. Parents and other community members also have the best “data” on the problems the CBOs hope to address and are therefore crucial to good planning.

In general, strong local support from organizations and parents is crucial for disseminating and sustaining the reform initiatives of national, regional and local organizations. Latino parents and other disenfranchised community members are often highly motivated and will engage in a long-term initiative when given a clear direction and opportunity to meaningfully participate in a partnership where they see direct results of their actions on their families (Epstein 1991).

Crisis is often a great starting point for mobilizing key partners and poor Latino parents, but a crisis does not tend to sustain an effort for more than one year (Annenberg Foundation 1998). Local initiatives must gather a critical mass of support over a sustained period of time (a tipping point) before a long-term payoff is possible. Thus, organizations need to ensure that they are focusing some energy on observable, short-term, winnable issues to sustain the energy of those involved in a coalition partnership (Schoor 1997). The history of community collaboratives shows that the

three enemies to reform are boredom, confusion, and isolation. Confusion and boredom come from lack of a clear vision, purpose, or specific objectives, from vague organizational structure, and from lack of good feedback or few measurable results. Isolation results from participants not having the opportunity to connect on a more personal level with each other or when the issues, concerns, or ideas of certain community partners, parents, or cultural groups are not recognized (Cortes 1997).

Once organizations have completed a self-assessment, enlisted potential partners, and carefully outlined the goals of their push for service reform, they should then consider developing three or four interrelated projects in a few community areas before scaling up to an entire city or many communities. This makes the projects logistically easier to manage and creates greater potential for capacity building. "Go slow to go fast later on." Favorable evaluation potential also increases, and the likelihood for local, state, and federal funding is enhanced with careful evaluation.

Local initiatives that are successful also tend to be very diverse in method and activity, but have clear guiding philosophies. They have a clear process for evaluation (feedback loop) and a willingness to act on the feedback. They tend to not be afraid to disturb the status quo and they build the capacity of partner organization members to act in their own behalf. They are usually not just service providers but are focused on the individual development and empowerment of the people they hope to impact (Senge 1990).

Furthermore, successful initiatives see relationships at the core of their work. They have strategies and create opportunities for Latino parents and other partners to build networks with each other and are constantly building and renewing relationships with potential partners. Relationship building tends to be face-to-face when possible. These successful community coalitions are also likely to build the capacity of various support groups and partners to adapt and change. They create learning groups that can reinvent themselves and build the confidence of individuals so that they believe their efforts will work. They spend a lot of time mentoring and motivating key individuals in local support groups and agencies. They also have a clear strategy for mentoring (Senge 1990).

Successful coalitions that lead to improved services for Latinos also tend to build on existing local strengths, capacities, collaborations and institutions. Service and volunteer associations are good sources of potential leaders and partnerships that are often overlooked. Organizations must take special care to recognize institutions and businesses who can become

long-term partners. This can be done through a variety of activities that promote commitment and bonding such as community dinners, neighborhood cleanups, or fund drives.

These successful coalitions, and the organizations that make them up, create continuous backing and support not only from local residents but also from intermediary institutions such as mental health system, school district, a coalition of churches, or department of health. A national organization, like the National Coalition of Advocates for Students (NCAS), can offer expertise, mentorship, outside support, political clout, and training, while the local coalition sets the agenda, mentors and informs members, and builds public will around the plight of Latino families.

Finally, strong community coalition efforts that reform human services tend to build local ownership by negotiating with institutions to have the coalition become part of the institutional mission. Successful organizations tend not to be afraid to challenge the institutions to change and revitalize or reshape their missions. Oftentimes this means getting members to pay dues in proportion to their budgets, getting city or state governments to make particular services a budget line-item, or persuading businesses or cities to provide employee deductions for funding efforts or creating endowments (i.e., United Way or universities and colleges).

If community coalitions have such great potential for reforming services, why do we not have more of them? We argue that there are many important reasons why we do not have more community coalitions. Here are some plausible reasons:

1. The groups needing coalitions the most tend to be the ones competing for the same limited financial resources.
2. The defense of geographical, intellectual, or programmatic turf keeps local groups in competition with one another.
3. In diverse communities, we tend to focus on our competing needs rather than the ones we have in common.
4. Perceived and real differences related to our ethnicity, socio-economic status and/or generation keep us from interacting and cooperating with one another, even within same-ethnic communities.
5. Diverse communities are likely to be physically isolated from one another so that there are few safe places for groups to come together to talk about their clients' needs and differences between each organization's goals.

6. Local histories of conflict and long memories (unwillingness to “forgive or forget” about past conflicts) limit openness to the possibilities for new and different relationships.

In summary, community coalitions hold great potential as forces that can enable advocates of Latino families to bring about major changes in service structure and delivery systems. The work of many researchers and practitioners has given us enough evidence and guidance to begin to initiate such efforts (Schoor and Schoor 1989). But coalition building will require researchers, practitioners, and other community members to go against the grain of many bureaucratic structures, rules, and regulations that continue to maintain an inadequate system.

Conclusion

As the population of the Great Plains states becomes more varied and diverse, there is greater need than ever before for multicultural practice in the human services sector. In particular, we have highlighted the issues necessary to better serve the rapidly growing and diverse Latino population in the Plains states. Integration of many sources of information, together with contemporary research and clinical literature, enabled the authors to suggest several general areas for improvement in the delivery of human services, including outreach, accessibility, utilization, and cultural awareness. In addition, a new paradigm for services delivery for Latinos was articulated. The strengths-based approach, which has at its center the respect and utilization of the neighborhood, family, and culture, seems to hold great promise. This model has emerged as a result of a recognition of the successes and strengths of Latino families and proposes that service innovations should focus on changeable risks by enhancing and building upon interpersonal and intrapersonal protective factors that each client and family brings to the treatment setting.

Unfortunately, few models currently exist on which to test suggestions made here for improvements in human services delivery to Latinos. The relevance to services delivery of language and/or culture match between client and practitioner is not fully established through empirical research. More empirical research is necessary to determine how specific methods of treatment or service delivery impact families of different levels of acculturation and varying cultural backgrounds. We do have new evidence that strength-based approaches grounded in culture, family, and community are

more effective than traditional models. However, long-term evaluations of these programs must be funded and completed. Coalitions for service reform, and the guidelines for creating them that were presented, have long been used as a community organizing strategy and have shown visible results in facilitating community development, combating disfavored neighborhood changes, securing funding for programs, and addressing issues of human rights. But the components of these successful efforts have not been articulated comprehensively enough. Nevertheless, Schoor and Schoor (1989) have pointed out that we do have enough understanding, knowledge, or experience with innovation to begin to move a new agenda forward. We agree.

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